



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

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**NAME OF FACILITY:** Ingleside Assisted Living

**DATE SURVEY COMPLETED:** November 17, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.0	<p>An unannounced COVID-19 Infection Control Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection ending November 17, 2020. The facility was found not to be in compliance with the Title 16 Health and Safety Delaware Administrative Code, 3225 Assisted Living Facilities infection control regulations and has not implemented the State's and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility census on the first day of the facility was 53.</p> <p>Abbreviations/Definitions: Asymptomatic – no symptoms; CDC – Center's for Disease Control; COVID-19 – respiratory illness; DPH – Division of Public Health; ED – Executive Director; PCP – Primary Care Physician; POA – Power of Attorney.</p> <p><b>Title 16 Health and Safety Delaware Administrative Code</b></p> <p><b>Regulations for Assisted Living Facilities</b></p>	<p>9.1.2</p> <ol style="list-style-type: none"> <li>1. Unable to correct for E2. E2 no longer employed by facility.</li> <li>2. All residents have the potential to be impacted by this deficient practice.</li> <li>3. System changes: <ul style="list-style-type: none"> <li>a. Executive Director (ED) created standard operating procedure "Management of SARS -COVID 2 (COVID-19) Exposure or Infection of Non-residents with access to Ingleside Assisted Living". The SOP addresses (1) Return to work criteria, (2) Daily Questionnaires and (3) Temperature checks. (see attached)</li> <li>b. All staff will be educated on SOP by 01/08/21 by ED or designee.</li> <li>c. SOP becomes effective 01/08/21.</li> </ul> </li> <li>4. Evaluate effectiveness of system changes: <p>Sample: 100% of staffing in 24-hour period.</p> <p>Method: 3x per week, the questionnaires will be audited and compared against the staff attendance for 24 hours.</p> <p>Success: 100% staff in 24 hour period will have a completed questionnaire and temp check. Monitoring will continue until 5 audits are 100% and results will be reported to QM Committee.</p> <p>Sample: All IAL employees who test positive for COVID-19.</p> <p>Method: Department heads shall track the number of days an employee who tested positive for COVID-19 is in isolation away from facility.</p> <p>Success: 100% of employees return to work in accordance with SOP. Monitoring will continue until 3 correct in a row and results will be reported to QM committee.</p> </li> </ol>	
2.0	<p><b>Authority and Applicability</b></p> <p>Pursuant to 16 Del.C. §1119C and 29 Del.C. §10119 and pursuant to Paragraph 2(d) of the Governor's Eighth</p>		

Provider's Signature

*Keith J. Hopkin*

Title

*Executive Dir*

Date

*12-21-2020*



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9.0	<p><b>Modification of the Declaration of a State of Emergency for the State of Delaware Due to a Public Health Threat ("Governor's Emergency Declaration,"), the Department of Health and Social Services ("Department") is adopting emergency regulatory amendments to 16 Del. Admin. C. 3225: Assisted Living Facilities. Additionally, 29 Del.C. §10119 authorizes the Department to adopt emergency regulations where an agency determines that an imminent peril to the public health, safety or welfare requires the amendment of a regulation with less than the notice required by 29 Del.C. §10115. Moreover, 16 Del.C. §1119C authorizes the Department to adopt, amend, repeal, or issue regulations for long-term care facilities and services.</b></p> <p><b>Infection Control</b></p>	<p>9.8.1.2</p> <ol style="list-style-type: none"> <li>1. Unable to retroactively correct for R1, R2, R3 &amp; R4.</li> <li>2. All residents have the potential to be impacted by this deficient practice. <ol style="list-style-type: none"> <li>a. Testing offered All residents without cognitive limitations were offered testing by 12/02/20. POA/Guardian of residents with cognitive limitations were offered testing by 12/02/20.</li> <li>b. COVID testing educational material will be given and documented in the medical record.  All residents without cognitive limitations were handed the material by 12/21/20.  POA/Guardian of residents with cognitive limitations will have mailed the material by 12/24/20.</li> </ol> </li> <li>3. Systems changes: <ol style="list-style-type: none"> <li>a. Executive Director (ED) created standard operating procedure "Management of SARS-COV-2 (COVID-19) Exposure of Residents". The SOP addresses (1) monthly testing and (2) Testing educational material (see attached)</li> <li>b. All staff will be educated on SOP by 01/08/21 by ED or designee.</li> <li>c. SOP becomes effective 01/08/21.</li> </ol> </li> <li>4. Evaluate effectiveness of system changes:  Sample: Tracking Master Sheet.  Method: After the 15th of the month, the Tracking Master Sheet shall be compared to the active census.  Success: Evidence that 100% of the residents and/or POA/Guardians have been offered testing and educational material r/t testing three (3) months in a row</li> </ol>	
9.1.2	<p><b>All rules of the Delaware Division of Public Health are followed so there is minimal danger of transmission to staff and residents.</b></p> <p><b>This requirement was not met as evidenced by:</b></p> <p>Based on interviews, review of facility documentation and other sources as indicated, it was determined that the facility failed to follow infection control rules of the Delaware DPH with respect to COVID-19 that included:</p>		

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	<p>- Asymptomatic staff who test positive for COVID-19 may return to work after 10 days have passed since their first positive test result and have no subsequent illness (7/21/2020).</p> <p>- Assisted Living facilities must have a screening system in place for all staff, vendors and visitors that actively checks each individual entering the facility for symptoms of a respiratory infection (fever, etc.), or contact in the last 14 days with an individual diagnosed with COVID-19 (5/29/2020). Findings include:</p> <p>1. 7/21/2020 (last updated) - According to the <a href="http://www.coronavirus.delaware.gov">www.coronavirus.delaware.gov</a> website, DPH issued the following guidance: "... V. Discontinuation of Home Isolation/Return to Work for ASYMPTOMATIC Persons with CONFIRMED COVID-19. Individuals with CONFIRMED COVID-19 who have not had any symptoms may discontinue home isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test <u>and</u> have had no subsequent illness ...".</p> <p>Undated – The facility's COVID-19 Infection Control Policy and Procedure 1.01 COVID-19 Staff Exposure stated, "... 4. If an asymptomatic Staff member tests positive for COVID-19; they will remain out of the building for 10 days from the day of the test ...".</p>	<p>Sample: Resident medical records</p> <p>Method: 25% of the resident's chart will be audited for evidence of the COVID-19 testing and educational material r/t testing was offered.</p> <p>Success: 100% of the records will have evidence that testing and educational material r/t testing was offered. Monitoring will continue until 3 audits are 100% and results will be reported to QM Committee.</p>	

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	<p>9/8/2020 – According to facility documentation, E2 (staff) was tested for COVID-19.</p> <p>9/10/2020 at 10:48 PM – According to facility documentation, E2's COVID-19 positive test results were received by the facility.</p> <p>9/11/2020 at 8:44 AM – A text message from E2 (staff) to E1 (ED) stated, "The state called me bc (because) of my results today and I inquired about a false positive and they said it's possible if I had no exposure and they agreed to get retested. And that I hve (have) no symptoms."</p> <p>9/11/2020 at 8:46 AM – A text message from E2 (staff) to E1 (ED) stated, "They also said they would clear me by day 3 if I continue symptom free."</p> <p>11/5/2020 – In a written statement provided to the surveyor, E1 (ED) stated that he was informed by E2 (staff) on 9/10/2020 at 11:44 PM that E2 received a positive test result for COVID-19. E1 stated that "E2 was instructed to work from home and get retested as soon as possible and could not return to the building until cleared. (E2) was retested on Friday, September 11, 2020 and received a negative result on Sunday, September 13, 2020. (E2) returned to work on Monday, September 14, 2020 per our understanding of state protocol for</p>		

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	<p>returning to work if asymptomatic. (E2) stated that she communicated with the state and due to their instructions, she was able to return to work on Monday. [See above text messages from E2 to E1 at 8:44 AM and 8:46 AM on 9/11/2020]. (E2) tested again on Monday, September 21, 2020 and received a negative result. We were not aware of a positive test result from September 30, 2020 until it was brought to our attention by (name of DPH representative) who called (E1) on Monday, October 26, 2020 to discuss these results."</p> <p>11/17/2020 at 4:18 PM – Finding was discussed with E1 (ED). The facility failed to follow DPH guidance with respect to return to work for asymptomatic persons with a confirmed COVID-19 diagnosis. Despite the guidance stating that an individual may return to work after 10 days have passed since the positive test, E2 returned to work after five (5) days.</p> <p>2. 5/29/2020 – According to the CDC website, "... To prevent spread of COVID-19 in their facilities, ALFs (Assisted Living Facilities) should take the following actions: ... Designate one or more facility employees to actively screen all visitors and personnel ... for the presence of fever and symptoms consistent with COVID-19 before starting each shift/when they enter the building ...".</p>		

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	<p>9/3/2020 at 7 PM – The Twenty-Seventh Modification of the Declaration of a State of Emergency for the State of Delaware due to a Public Health Threat (COVID-19) was issued by the Governor. Under section "K. LONG TERM CARE AND OLDER ADULTS ... 1. Screen and restrict access by those who meet the following: 1) signs or symptoms of respiratory infection such as cough, fever, shortness of breath or sore throat; 2) in the last 14 days had contact with someone with a confirmed diagnosis of COVID-19, or 3) are ill with respiratory illness ...".</p> <p>Undated – The facility's COVID-19 Entry Procedures policy stated, "... 1. Staff and Visitors and/or Vendors will be greeted in the front vestibule and their temperature will be taken and the staff member will be asked to fill out a questionnaire ...".</p> <p>2a. Review of the facility's binders that held the facility's screening Health Questionnaires from September 1, 2020 through October 27, 2020, specifically looking for E2's (staff), revealed a lack of evidence that E2 was completing this mandatory requirement on a daily basis (Monday through Friday) during this timeframe.</p> <p>11/2/2020 at approximately 12:30 PM - During an interview, E1 (ED) was surprised that E2's questionnaires were not in the facility binders. E1 was asked if the information was located somewhere other than the facility's binders, and E1 said they could be in E2's office. This surveyor asked for the information, which was never provided prior to the exit teleconference on 11/17/2020.</p>		

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9.8	11/17/2020 at 4:18 PM - Findings were reviewed during the exit teleconference. E1 (ED) stated that he could not locate E2's health questionnaires in E2's office.  2b. A review of the facility's Health Questionnaires used for screening from 10/23/2020 through 11/2/2020 revealed that six (6) employees and three (3) vendors lacked evidence of temperature checks upon entrance to the facility.  11/2/2020 at approximately 4:30 PM - During an interview, E3 (Receptionist) stated that the employees who were missing temperature checks started their shifts at the facility before her scheduled work time. E3 stated that E1 (ED) spoke to her about the missing temperatures on the Health Questionnaire's after the discussion held with the surveyor.  11/17/2020 at 4:18 PM - Findings were reviewed with E1 (ED) during an exit teleconference. The facility failed to have a screening system in place to ensure thorough screening of all employees and vendors for COVID-19 upon entrance to the facility.		
9.8.1	<b>Specific Requirements for COVID-19:</b>  <b>Residents</b>		
9.8.1.2	<b>All other resident testing should be consistent with Division of Public Health guidance for the duration of the public health emergency.</b>		

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	<p><b>This requirement was not met as evidenced by:</b></p> <p>Based on interviews and reviews of clinical records and other sources as indicated, it was determined that for four (R1, R2, R3 and R4) out of four residents sampled, the facility failed to provide COVID-19 testing educational materials developed by DPH to residents and/or resident representatives/POAs; failed to offer monthly COVID-19 testing during the months of August 2020, September 2020 and October 2020 and failed to include this information in the residents' clinical records. Findings include:</p> <p>6/1/2020 – The Delaware Division of Public Health (DPH) required nursing facilities to offer resident testing at a minimum of once a month for all residents who had not previously tested positive.</p> <p>9/3/2020 at 7 PM – The Twenty-Seventh Modification of the Declaration of a State of Emergency for the State of Delaware due to a Public Health Threat (COVID-19) was issued by the Governor. Under section "... L. PUBLIC HEALTH ... 8. All health care providers who test for COVID-19 shall comply with the Public Health Authority's guidance for the use of such tests. Further, all such providers must provide each patient tested with educational materials developed by the Public Health Authority ...".</p>		

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	<p>Undated – The facility's policy and procedure entitled <i>COVID-19 Infection Control Policy and Procedure 1.08 Resident Testing</i> failed to address the 6/1/2020 DPH requirement to offer all residents monthly COVID-19 testing and to document it in the residents' clinical records.</p> <p>The facility's form entitled <i>Consent for COVID-19 Testing</i> stated: " Resident Name: ... The elderly and those with chronic health conditions are considered at high risk for exposure to and complications from COVID-19. The Centers for Disease Control and Prevention (CDC) recommend testing for COVID-19 to all resident of long term care facilities.</p> <p>Ingleside requests, for your consent, the PCP's approval, for monthly COVID-19 testing with the CDC recommendation at the resident's/responsible party's cost. My health care provider has explained to me and (I understand) the following:</p> <ul style="list-style-type: none"><li>- The purpose of the recommended monthly testing.</li><li>- The risks and benefit of the monthly testing.</li><li>- Possible consequences of not receiving the monthly testing.</li></ul> <p>COVID-19 Testing</p> <ul style="list-style-type: none"><li>- Yes, I give consent for the monthly COVID-19 test to be completed.</li></ul>		

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	<p>- No, I do not give consent for the monthly COVID-19 test to be completed.</p> <p>Resident signature (if able) ... Responsible party ... Date ...".</p> <p>Despite the availability of a COVID-19 Testing Consent – Declination Form for long term care facilities to use and located on the State of Delaware's DPH website (<a href="http://www.coronavirus.delaware.gov">www.coronavirus.delaware.gov</a>), the facility used their own consent form that lacked a reason why the resident or resident's representative was declining the monthly COVID-19 test. Also available to all long term care facilities on the DPH website was a copy of the <i>Coronavirus (COVID-19) Get Tested to Reduce the Spread</i> document, which explains the risks and benefits and the two types [nasal (nose) swab or oral (mouth) swab] of COVID-19 testing available to all residents. The facility lacked evidence that this educational document published by the Delaware DPH and readily accessible on the DPH website was provided to the residents and their resident representative/POAs.</p> <p>1. Review of R1's clinical record revealed:</p> <p>7/17/2020 at 12:02 PM – An email sent to R1's POA from E2 (staff) stated, "As of this month the state is</p>		

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	<p>requiring us to offer to Residents or their POA the availability to be tested for COVID. If they want to be tested I have to get permission and an order from their physician to then perform the test. I don't think it is necessary to put my Residents through this nasal swab since no one here has symptoms and all of my staff are tested weekly and are negative. Plus our doors are locked and we are VERY strict about anyone coming in the building which is why we have kept the virus away. Either way I have to offer. I know (name of hospice provider) is not encouraging their Residents to be tested. I have attached the consent sheet that needs a signature stating whether you want or don't want (R1) to be tested. If you could sign and send back to me that would be appreciated. Thanks." R1's POA response was "... Thank you for the information. At this time, I do not want (R1) to be tested ...".</p> <p>While R1's POA initially declined COVID-19 testing during the month of July 2020, R1's clinical record lacked evidence that the facility offered and provided educational documentation for COVID-19 testing to R1's POA during the months of August 2020, September 2020 and October 2020 as required to do so by DPH.</p> <p>2. Review of R2's clinical record revealed:</p>		

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	<p>7/8/2020 – The facility's Consent for COVID-19 Testing form was signed by R2 declining the test with no reason provided.</p> <p>R2's clinical record lacked evidence that the facility offered and provided educational documentation for COVID-19 testing to R2 during the months of August 2020, September 2020 and October 2020 as required to do so by DPH.</p> <p>11/2/2020 at 12:20 PM – During an interview, R2 stated that she was "not crazy about the nasal swab test." When asked if she was educated by the facility about the two different types of COVID-19 testing (nasal swab or oral swab) and offered the COVID-19 oral swab test by the facility, she said no. She stated that she would be willing to try that test. She asked the surveyor if the facility was testing the staff weekly and the surveyor responded that the facility was required to test all staff. She replied, "good that makes me feel safe here."</p> <p>3. Review of R3's clinical record revealed:</p> <p>7/20/2020 – The facility's Consent for COVID-19 Testing form was signed by R3 declining the test with no reason provided.</p>		

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	<p>R3's clinical record revealed that R3 had a resident representative/POA, who participated in reviewing R3's annual Uniform Assessment Instrument (UAI) and the Assisted Living Service Agreement on 7/14/2020. The UAI indicated that R3 had short-term and long-term memory problems and was oriented to name and place only. It was unclear why the facility failed to contact and educate R3's resident representative/POA regarding the July 20, 2020 consent for COVID-19 testing.</p> <p>R3's clinical record lacked evidence that the facility offered and provided educational documentation for COVID-19 testing to R3's resident representative/POA during the months of August 2020, September 2020 and October 2020 as required to do so by DPH.</p> <p>10/28/2020 at 2:50 PM – During an interview, E4 (nurse) was asked about R3's cognitive status. E4 stated that R3 was not cognitively intact.</p> <p>4. Review of R4's clinical record revealed:</p> <p>12/3/14 – R4 had the following signed document in her clinical record entitled "A Durable Health Care Power of Attorney and Advance Health Care Treatment Instructions (Living Will)."</p>		

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	<p>R4's clinical record revealed that R4 had a resident representative/POA, who participated in reviewing and signed R4's annual UAI and the Assisted Living Service Agreement on 1/16/2020. The UAI indicated that R4 had short-term and long-term memory problems and was oriented to name only.</p> <p>7/23/2020 – The facility's Consent for COVID-19 Testing form was signed by R4 declining the test. It was unclear why the facility failed to contact and educate R4's resident representative/POA regarding the consent for the July 23, 2020 COVID-19 testing.</p> <p>R4's clinical record lacked evidence that the facility offered and provided educational documentation for COVID-19 testing to R4's POA during the months of August 2020, September 2020 and October 2020 as required to do so by DPH.</p> <p>10/28/2020 at 11:25 AM - During an interview, E1 (ED) confirmed that the facility had not tested any resident in the facility for COVID-19 despite DPH's issued new guidance on 6/1/2020 for resident testing. E1 stated that all residents and resident representatives declined the monthly testing.</p> <p>10/28/2020 at 2:45 PM – During an interview, E4 (nurse) stated that she</p>		

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	<p>was not aware that the facility was to offer all residents COVID-19 testing every month. When asked about R4's cognitive status, E4 stated that R4 was not cognitively intact.</p> <p>11/17/2020 at 4:18 PM – Findings were reviewed with E1 (ED) during the exit teleconference.</p> <p>The facility failed to provide COVID-19 testing educational materials developed by DPH to residents and/or resident representatives/POAs; failed to offer monthly COVID-19 testing during the months of August 2020, September 2020 and October 2020; and failed to include this information in the resident's clinical records.</p>		

Provider's Signature

*Heidi J. Rogers*

Title

*Executive Dir*

Date

*12-21-2020*